

# AGENDA

## **King County ACH Regional Health Improvement Plan Workgroup (RHIPW)**

August 20, 2015, 12:00-2:00 pm

401 Fifth Avenue, Seattle – Chinook Building, 1311/1312

Conference Bridge Line 206-263-0100

### Objectives

- Welcome new members
- Review and finalize draft RHIP charter, scope, deliverables, & decision making
- Begin discussion of RHIP approach/framework
- Discuss RHNI (priorities and initiatives)
- Identify next steps and timeline

<b>5 minutes</b>	<b>Introductions, Objectives &amp; Review/approval of July 23<sup>rd</sup> meeting summary (Gloria, Kris)</b>
<b>20 minutes</b>	<b>RHIP charter and scope of work (Gloria)</b> <ul style="list-style-type: none"><li>• Scope &amp; deliverables</li><li>• Decision making</li></ul>
<b>45 minutes</b>	<b>RHIP Framework: Purpose, Approach, Phases (Gloria and Janna)</b>
<b>40 minutes</b>	<b>Regional Health Needs Inventory (priorities and initiatives) (Gloria)</b>
<b>10 minutes</b>	<b>Next Steps</b> <ul style="list-style-type: none"><li>• <b>Presentation to Interim ACH Leadership Council-September 10<sup>th</sup> (tentative)</b></li></ul>

Next Meeting: September 17, 2015



# King County Accountable Community of Health

## Regional Health Improvement Plan Work Group

July 23, 2015, 11:00 a.m. – 12:30 p.m.

Chinook Building, Conference Room 1311

---

### **Members Present:**

Susan Amberson (Neighborcare Health), Erica Azcueta (City of Auburn), Elizabeth “Tizzy” Bennett\* (Seattle Children’s Hospital), Alaric Bien (City of Redmond), Sara Doty (Sea Mar Health Centers, on behalf of Federico Cruz-Uribe), Kris Lee\* (Amerigroup Washington, Inc.), Cheryl Markham (KC Department of Community & Human Services), Mary Shaw (United Way of King County), Kim Tully (Solid Ground), Andrea Yip (City of Seattle Aging & Disability Services)

\*ACH Leadership Council member

### **Members Not Present, no delegate:**

Aren Sparck (Seattle Indian Health Board)

Shelley Cooper-Ashford (Center for MultiCultural Health)

### **Sectors not yet represented:**

Mental health/substance abuse

### **Staff:**

Gloria Albetta, Laurie McVay, and Janna Wilson (Public Health – Seattle & King County),

### **Guests:**

David Buckley (Hopelink), Ellie Wilson-Jones (Sound Cities Association)

## INTRODUCTIONS AND OBJECTIVES

Gloria Albetta reviewed the agenda and noted the meeting’s objectives to get to know each other and to review the charter. Members introduced themselves, noting their history with needs assessment work. Janna Wilson provided an overview of the King County Accountable Community of Health (ACH) and how the Regional Health Improvement Plan (RHIP) Work Group fits into the overall goals of the ACH. The premise of the ACH work is that there are high priority issues that require cross-sector work in order to move the needle on health and wellbeing in our region. The charge for the RHIP Work Group is to 1) develop an inventory of assessments and their priorities and 2) identify an approach for the development a future Regional Health Improvement Plan.

Cross-sector work is difficult by nature. The challenge is focusing the efforts of multiple sectors on a collective vision. King County’s Health and Human Services (HHS) Transformation team is already doing this work. Initiatives such as Communities of Opportunity, Familiar Faces, and housing-health partnerships all made significant progress in the past year in engaging multiple sectors in their work to improve outcomes related to health, housing, justice system involvement, economic opportunity, and more. In 2015, King County Hospitals for a Healthier Community – a collaborative of 12 hospitals and health systems and Public Health-Seattle & King County-- issued its first joint community health needs assessment. This cross-sector work provides a starting point for the King County ACH and the RHIP work group.

Questions facing this group are:

- How will the RHIP be used? What is it? What is it not? The state was not very prescriptive in the deliverable.
- Is there a way to think about working toward a systematic articulation of a shared set of priority issues? The RHIP is not static, it will need to change and evolve over time.
- The State is looking at partnering with the Federal government via a Global Medicaid Waiver. If the waiver ends up tied to the ACH, then the RHIP could also inform Medicaid innovation investments as well as other health improvement interventions.

Janna distributed a copy of the infographic, *Invest In Your Community: 4 Considerations to Improve Health & Well-Being for All* ([http://www.cdc.gov/chinav/docs/chi\\_nav\\_infographic.pdf](http://www.cdc.gov/chinav/docs/chi_nav_infographic.pdf)) and opened up the conversation for thoughts and questions from the members. The topics discussed included:

- The King County HHS Transformation initiatives were used to inform the development of the ACH. The ACH and RHIP work are not limited to those efforts or issues.
- The Performance Measurement work group (PMW) has been formed and their work, which could be helpful in determining the RHIP priorities, is progressing
- The regional ACHs have indicated a desire to determine – in conjunction with the State –common priorities; e.g. set up as a menu with different options that the ACHs could pick and choose from to include in the development of their ACH.
- Among the regional ACHs that are still in the development stage, King County is far along and very organized.
- The RHIP work group's mandate is to come up with recommendations for an approach to the development of a Plan. There are several potential sources of funding. The opportunity for cross-sector integration and the outcome of what funding is received will be a vital factor in determining what aspects of the recommendations will move forward.
- The global waiver decisions and funding will be within the timeframe of this group's work. However, it is important to note that the ACH and RHIP work is being done in conjunction with Healthier Washington; its efforts are casting a wide net (beyond the Medicaid population) and will move forward regardless of the outcome of the global waiver (which is focused on Medicaid).
- King County, via the Assessment, Policy Development & Evaluation group, has a plethora of data. Yet, there are many other sources of data that could be tapped.

## REVIEW OF CHARTER AND SCOPE OF WORK

Gloria led the discussion on the draft RHIP Work Group charter. She noted that the charter is essentially a roadmap of the work that will be done by the RHIP work group. The draft charter was developed by Gloria as a conversation starter and was set up similar to the ACH Interim Leadership Council's (ILC) and the PMW's charters. The discussion was opened up for comments, questions, and suggestions. The topics discussed included:

### ***Deliverables***

The scope includes three (3) main deliverables:

1. Submit a Regional Health Needs Inventory to the ILC in September. This requires taking inventory of King County regional health initiatives, community assessments, and priorities.
2. Recommend an approach for the development of a Regional Health Improvement Plan at the November 16 ILC meeting. The plan should include a proposed future role, home, and structure for the RHIP work group in 2016.
3. Submit a final report to the ACH Leadership Council summarizing 2015 work and proposed next steps.

### **Challenges**

- How will we avoid duplicating work done by other initiatives? Other regions are having a hard time with this issue. Some sectors are working on intra-sector initiatives, including King County and hospitals.
- How will we avoid getting lost in all the initiatives? The RHIP work group determines the approach which could include phased steps.
- How do we engage with the community? Even though we are only developing an approach and not the actual plan, community input at each stage is desired.
- One seat on the work group still needs to be filled. There are ongoing discussions regarding filling the substance abuse and mental health sector seat.

### **Leadership and Decision Making**

Kris Lee and Kim Tully agreed to act as co-leads for the work group. Their primary responsibility will be to work with Gloria on developing the meeting agendas.

The RHIP work group will be making decisions on what to recommend to the ILC. They determined the most effective form of voting would be a modified consensus approach using a “thumb” vote: thumb up for yes, thumb sideways for undecided or ambivalent, and thumb down for no. Silence will be taken as consent. Both the vote count and the issues and/or themes that emerge will be recorded in the minutes so as to provide a complete picture of the group’s recommendation to the ILC.

Some members requested additional time to digest the draft charter. Any additional feedback or thoughts on the charter should be sent to Gloria Albetta by the end of the day on Friday, July 31.

## **NEEDS SUMMARY**

Gloria Albetta drafted a summary of health needs priorities that were identified through a review of strategic plans and assessments conducted during 2013 through 2015. The document was shared with the ILC for their preliminary review and will be included in the application for ACH designation being submitted to the State at the end of August. The group reviewed the document and shared suggestions for additional assessments and priorities, desired aspects of priorities (asset based rather than need based), and potential challenges; including:

- Additional assessment resources
  - Age Friendly Cities Framework
  - Keeping abreast of other community action agencies’ lessons and strategies in approaching their needs assessment projects
  - Private sector, e.g. bank and philanthropic, strategic plans may have value to add. It was noted that corporate strategic plans are not always aligned with overall population needs.

- Comprehensive plans do not always include assessments.
- Good geographical coverage is needed
- Engagement of the communities and faith-based organizations
  - There are better outcomes when change is owned at the grass roots level.
- The RHIP process should include an opportunity to look at community strengths and assets
  - Janna noted that Chicago has done amazing work in asset mapping by partnering with youth employment programs. It is an ongoing project providing employment for youth.
- Indicator projects, e.g. Communities Count, do not identify priorities and will not be part of the inventory.

## IDENTIFY NEXT STEPS

Gloria will work with co-Leads Kris Lee and Kim Tully to plan the agenda for the next meeting scheduled for Thursday, August 20 from 12:00 – 2:00 pm.

## MEETING ADJOURNED AT 12:32 P.M.

## CHARTER

### ACH Regional Health Improvement Plan Work Group

#### PURPOSE

- **Background**

The King County [Accountable Community of Health](#) (ACH) aims to “build healthier communities through a collaborative regional approach focusing on social determinants of health, clinical-community linkages, and whole person care”. Embodied in this mission is an awareness that to achieve the Triple Aim of better health, better quality, and lower costs, we must increasingly focus on prevention and seek solutions both within and outside of the health care delivery system. Due to the complex nature of the upstream social drivers of health (i.e. where we live, work, and play), cross sector, cross agency and cross community strategies are essential in order to achieve the Triple Aim.

Not surprisingly, the same is true for assessment and planning – cross sector, cross agency, and cross community sharing of data is required for rigorous and full assessment of the health and social needs of individuals and their communities, prioritization of strategies, and measurement of progress towards the Triple Aim and equity. No one organization can sustainably improve health or fully measure progress while working alone.

To inventory the existing regional assessment processes, plans, and priorities across King County, make recommendations for next steps toward a regional health improvement plan, and address the need for alignment with the state and other ACHs, the King County ACH interim Leadership Council formed the Regional Health Improvement Plan Work Group (RHIPW), one of three ACH work groups designed to address “cross-cutting” roles of the ACH (and meet deliverables laid out in the Health Care Authority Design contract).

- **Purpose**

The purpose of the RHIPW is to provide recommendations to the ACH Leadership Council to support the development of a Regional Health Improvement Plan. Specifically, no later than the end of 2015, the RHIPW will create a Regional Health Needs Inventory (RHNI) and an approach to the development of a Regional Health Improvement Plan (RHIP). The work group will also develop a proposal for the role, home, and structure for the RHIPW in 2016 and beyond. This effort is intended to leverage existing resources at a community and regional level to avoid duplication of effort. It will be important to reach beyond traditional health partners to achieve our objectives.

- **Accountability**

The RHIPW will be accountable to and seek guidance from the ACH Interim Leadership Council as it develops its initial set of recommendations. Specifically, the RHIPW co-leads will attend interim ACH Interim Leadership Council meetings to present updates and request feedback on key issues.

- **Core Principles**

Adapted from the five core conditions of collective impact and the King County ACH planning process, the following core principles express important, shared beliefs of the RHIPW and will guide its behaviors and decision-making over the course of the year.

- **Backbone function.** In this initial phase of developing a RHNI and approach to a RHIPW, leverage dedicated staff with specified skills to accelerate cross sector and cross agency planning. Build on assessments, plans, and processes that are already in place. Ensure a sufficient level of administrative and operational support to move the RHIPW agenda forward.
- **Shared data/measurement.** Shared data and information is needed to understand the whole picture of an individual or community. When data is shared across stakeholder groups, everyone benefits.
- **Common agenda.** Build a common vision for the development of a Regional Health Improvement Plan in King County. Align with State priorities as much as possible.
- **Mutually reinforcing activities.** Consider both qualitative (community-sourced) and quantitative (organization-sourced) information when developing the RHIPW. No one organization holds the data necessary to evaluate the full Triple Aim for all communities.
- **Community Voice.** Consider the point of view and desires of the communities in King County that have the greatest disparities in health indicators and indicators of the social determinants of health through such connections as Communities of Opportunity, Familiar Faces and the Equity Network.
- **Continuous communication & phased approach.** Demonstrate early successes and use learning and rapid feedback to continually readjust approach. Under the guidance of the ACH Leadership Council, ensure that both the RHIPW membership and scope of work remain flexible to adapt to changing needs and partnerships over time.
- **Equity.** In all decisions, consider whether equity is being prioritized. Assess whether community voices have had an opportunity to be represented in our inventory and planning. Ask whether our approach to a RHIPW is inclusive.



## MEMBERSHIP AND ROLES

The RHIPW Work Group will include broad cross-sector representation of the major systems that are involved in conducting community assessment activities and plans that address health and well-being in King County. **The RHIPW will be co-led by Kris Lee and Kim Tully.**

**Initial Membership** will initially comprise representatives from the following sectors/entities:

- Area Agency on Aging (Andrea Yip, City of Seattle Aging & Disability Services)
- City Government (Erica Azcueta, Auburn and Alaric Bien, Redmond)
- Community voice(s) (working on recruitment)
- Equity Network (Shelley Cooper-Ashford, Center for MultiCultural Health)
- Community Action Agencies (Kim Tully, Solid Ground)
- United Way of King County (Mary Shaw)
- Hospitals systems (Elizabeth “Tizzy” Bennett, Seattle Children’s Hospital, ACH Leadership Council member)
- Housing & Community Development (Cheryl Markham, KC Department of Community & Human Services)
- Federally Qualified Community Health Centers (Susan Amberson, Neighborcare Health & Federico Cruz-Uribe, Sea Mar Health Centers)
- Managed care organization(s) (Kris Lee, Amerigroup Washington, Inc.)
- Mental health/substance abuse (Lydia Chwastiak, University of Washington)
- Seattle Indian Health Board (Aren Sparck, SIHB, Health Innovation Leadership Network member)
- Public Health-Seattle & King County (PHSKC) (Gloria Albetta, Manager, Assessment, Policy Development & Evaluation and Janna Wilson, Director of Health Policy and Planning)

- **Participation**

A monthly meeting series for the RHIPW will be established. The work group may decide to add, cancel, or modify meetings as appropriate throughout the year.

The co-leads will discuss objectives and materials for each meeting. Agenda and meeting materials will be distributed at least three business days in advance. The co-leads will facilitate meetings.

## SCOPE AND DELIVERABLES

The RHIP work group proposes a work plan for July through the end of the year, beginning with the formation of the work group and establishment and approval of a charter, review of King County

community assessments and priorities and draft of a Regional Health Needs Inventory to leadership council in September, and a proposed approach to the development of a RHIP, including opportunities to incorporate the work that has already begun around the four “linked initiatives” – Familiar Faces, Communities of Opportunity, physical/behavioral health integration, and the Housing-Health Partnership – by the November 16<sup>th</sup> ACH Interim Leadership Council meeting. To this end, the RHIPW will:

- Compile, review and synthesize existing county-wide needs assessments conducted by various sectors to identify common regional priorities and strategies.
- Identify alignment with other ACHs’ regional and Healthier Washington’s state priorities.
- Inventory cross-sector initiatives (resources) that reflect the diverse communities and partners within the region and currently address priorities.
- Identify an approach for development of a future Regional Health Improvement Plan including opportunities to streamline regional assessment and planning activities.
- Recommend future role, home and structure of RHIP in 2016

The RHIPW will produce the following deliverables:

- Regional Health Needs Inventory
- Inventory of Regional Health Initiatives
- Recommended approach for the development of a RHIP
- A proposed future role, home and structure for the RHIPW in 2016
- Final report to the ACH Leadership Council summarizing 2015 work and next steps

## DECISION MAKING

- **Decision Making Approach**

Achieving agreement and building trust among different partners is essential for success. The RHIPW will make decisions and recommendations using a *modified consensus* approach. The underlying assumption of this approach is that it is inherently better to involve every person in the decision making process, in order to reflect more accurately the will of the group. The modified approach does not entail multiple cycles of voting and discussion.

We will use a “thumbs up/thumbs down signal as a way of gauging members’ positions.

- Thumb up = supports the proposal
- Thumb sideways = neutral or undecided
- Thumbs down = does not support proposal

In the event of a thumbs down vote, we attempt to resolve the issues through further discussion in a reasonable amount of time. The RHIPW will work to understand and integrate perspectives of all members. In those instances where members do not fully agree, both the vote count and the issues and/or themes that emerge will be recorded in the minutes to provide a comprehensive picture of the group’s recommendation to the ILC.

Key decisions will be made in person at RHIPW meetings. Members will be provided with adequate advance notice about decision items. The RHIPW will attempt to reach consensus and if accomplished, this decision will be communicated by email to all absent RHIPW members, who will have 4 business days to submit their level of agreement to the RHIPW co-leads. If a member’s response is not received by the end of the 4th business day, this implies consent on the behalf of this member. For more routine items, decision making may be conducted over email and/or phone.